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IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Second periodic reports submitted by States parties under articles 16 and 17 of the Covenant

Addendum

JAMAICA* **

[15 August 2000]

* The initial reports concerning rights covered by articles 6 to 9 (E/1978/8/Add.27), by articles 10 to 12 (E/1986/3/Add.12) and by articles 13 to 15 (E/1988/5/Add.3) submitted by the Government of Jamaica were considered by the Sessional Working Group of Experts on the implementation of the International Covenant on Economic, Social and Cultural Rights in 1980 (arts. 6-9; see E/1980/WG.1/SR.20) and by the Committee on Economic, Social and Cultural Rights in 1990 (see E/C.12/1990/SR.10-12 and 15). The second periodic report concerning rights covered by articles 6 to 9 (E/1984/7/Add.30) was considered by the Committee on Economic, Social and Cultural Rights in 1990 (see E/C.12/1990/SR.10-12 and 15).

** The information submitted by Jamaica in accordance with the guidelines concerning the initial part of reports of States parties is contained in the core document (HRI/CORE/1/Add.82).

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Introduction

1. In accordance with articles 16 and 17 of the International Covenant on Economic, Social and Cultural Rights, Jamaica hereby submits its second periodic report to the Secretary-General of the United Nations for consideration by the Committee on Economic, Social and Cultural Rights. For general information concerning the demographic, social, economic and political situation of Jamaica, the Committee may refer to the report which Jamaica submitted to the Committee on the Elimination of Discrimination against Women (CEDAW) in March 1998.

Article 3

2. Jamaica ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1981. In 1987, the National Policy Statement on Women was developed to ensure that the conditions outlined for the Convention were adhered to. (For additional information, please refer to the aforementioned report which was submitted to the CEDAW.)

3. The Bureau of Women's Affairs (BWA) is the principal monitoring agency for government policy on women. In 1995, as a result of the commitment made at Beijing, the Bureau was evaluated and restructured and its role redefined from being project-oriented to that of a programme and policy catalyst, coordination and research/information-broker, with the ultimate goal of gender equality and equity (Economic Social Survey of Jamaica 1997).

4. The work of the BWA is supported by the activities of a strong NGO community with the umbrella group being the Association of Women's Organizations in Jamaica (AWOJA). These use strategies of education and training workshops, among others, to prepare women for economic independence and to increase awareness of their rights.

5. In order better to promote gender and social equity, the Prime Minister, in the 1996/97 budget debate, announced the Government's intention to establish a commission on gender and social equity. Subsequently, a Steering Committee was set up to consider all the relevant factors, institutions and processes that would be necessary for the effective functioning of such a commission. During 1997, its report was accepted by the Government. Among the recommendations of the Steering Committee is the establishment of a preparatory commission to finalize appropriate legislation and promote awareness and acceptance of the Commission among all stakeholders. Funding is now being sought for this phase.

6. Gender equity is also being promoted through research, public education, sensitization, enterprise creation and access to credit.

7. There have also been legislative changes to support and to ensure equal rights of men and women in relation to inheritance, employment, citizenship, nationality and matrimony. These include the following.

(i) The Citizenship (Constitutional Amendment) Act 1993, Act 6 of 1993

8. This act amended the Constitution to provide (a) for the derivation of Jamaican citizenship by a person born outside of Jamaica, through either parent and (b) for the entitlement of men who, after 5 August 1962, married or marry Jamaican women to acquire Jamaican citizenship by registration.

(ii) The Inheritance (Provision for Family and Dependents) Act 1993

9. This Act entitles the family members or dependants of a deceased person to apply to the court for maintenance provision out of the deceased's estate, on the ground that such distribution of the estate is in accordance with the terms of the deceased's will or the law relating to intestacy. A common-law spouse is among the persons entitled to apply.

(iii) The Domestic Violence Act, 1995, Act 15 of 1995

10. This Act is intended to provide speedy and effective relief for married persons, certain persons living in de facto or common-law unions, former spouses, parents, minors and other dependent persons who are part of the same household or victims of domestic violence.

(iv) The Insurance (Amendment) Act, 1995, Act 30 of 1995

11. This Act revised the Married Women's Property Act and deals with various matters relating to the designation of beneficiaries under certain insurance policies.

12. Bills tabled in Parliament (1996) include:

(i) The Offences against the Person (Amendment) Bill, which will make offences relating to rape, carnal abuse and related matters gender neutral.

(ii) The Incest (Punishment) (Amendment) Bill, which is intended to make changes in the law relating to incest.

13. Under consideration in 1995 was the Family Property Bill, the purpose of which is to provide new rules for the division of property on the breakdown of certain family units.

Economic rights

14. With respect to economic rights, efforts have been made to improve the status of women. They have been challenged by structural adjustment and stabilization policies and have developed coping strategies in the face of economic hardships. Limitations on women's access to credit are being dealt with and they have experienced expanded access over the years. In the small business sector, for example, the latest figures show that of the approximately 93,110 entrepreneurs operating in the sector in 1996, females accounted for 50.1 per cent (Economic and Social Survey of Jamaica, 1997).

15. Women are also able to have access to credit under several schemes, including the Government of Jamaica/Government of the Netherlands Micro Enterprise Product and the Government of Jamaica/European Union small and micro enterprise credit scheme. Most of the approved lending agencies (ALAs) provide some business training, technical assistance and monitoring programmes as part of the loan package. An example of this is the programme offered by the Entrepreneurial Extension Centre, University of Technology. During 1997, the Centre delivered entrepreneurial education programmes to a total of 738 participants, 57 per cent of whom were females.

16. Recognizing that about one third of the population was living below the poverty line, in May 1995 the Government declared poverty eradication to be one of its top priorities. A national poverty eradication policy and programme were subsequently developed, the main goals being to:

(i) Eradicate absolute poverty in the long-term;

(ii) Reduce the number of persons in targeted communities below the poverty line by 50 per cent over three years; and

(iii) Promote economic growth and social development.

Cultural rights

17. Women and men have equal rights to participate in cultural activities in Jamaica. Social and cultural values which reflect gender discrimination have been seen in the past in the area of religion. However, more recently there has been evidence that these barriers are being broken down.

18. In February 1994, history was made in the Anglican Church when three women deacons were ordained. In December 1996, four women were ordained to the Holy Order of Priests of the local Anglican Church. Other Protestant Churches such as the Methodist, United Church of Jamaica and Grand Cayman have for years ordained women as priests.

19. Following the launching in 1988 of the Ecumenical Decade of the churches in Solidarity with Women by the World Council of Churches, many churches and church communities have been giving greater emphasis to the role and participation of women in the church.

Article 4

20. As far as legal and constitutional restrictions on any of the rights laid down in the International Covenant on Economic, Social and Cultural Rights are concerned, every person has fundamental rights and freedoms under the Jamaican Constitution, to the extent that these do not prejudice those of others or the public interest.

Article 6

21. While there does not exist in Jamaica any specific article dealing with the right to work, there is also no restriction on this right. This implied right transcends all social, religious, racial and gender barriers.

22. The average number of persons employed in the Jamaican labour force stood at 946,900 in 1997: 549,000 males and 397,900 females. The figure for the latter has fluctuated over the years, recording a level of 366,500 in 1988 and an increase to 397,100 in 1993. In 1997, females accounted for 42 per cent of total employment. Similar trends were observed in both 1988 and 1993, when the female proportion of employment was 41.7 per cent and 43.8 per cent, respectively.

23. The youth (aged 14-24 years) showed variations in their levels of employment with respect to gender. For the 10-year period 1988-1997 the general trend observed was that males in this age category commanded significantly higher levels of employment than their female counterparts. For 1988 and 1993 young males showed no significant change in their employment levels, which stood at 130,100 and 130,200, respectively. However, there was a sharp 9.6 per cent decline in 1997, when employment fell to 118,800.

24. Generally, low levels of employment have been observed among young females, with fluctuations over the period under review. In 1988 the number employed in this group was 74,000; the number rose by 11.4 per cent to 82,400 in 1993 and fell by approximately the same percentage to 74,600 in 1997.

25. The adult age group comprising persons 25 years and over can be further broken down into a number of age ranges. The fastest growth rates were observed for the age group 25 to 34 years, both for males and females. For males the employed labour force rose from 127,000 in 1988, to 131,700 in 1993 and to 163,000 in 1997. Similarly, for women, employment was recorded at 99,900 in 1988, increasing to 114,800 in 1993, with a further rise to 132,500 in 1997.

26. For the age group 35-44 years similar trends were observed as for those in the 25 to 34-year age range. There was a minimal fluctuation in the male employed labour force in 1988 and 1993 when figures of 90,000 and 88,800, respectively, were recorded and a steady rise in 1997 by 19 per cent, to 105,700. Similarly, among females, there was rise in employment from 74,300 in 1988, to 82,200 in 1993 and 103,600 in 1997.

27. In the 45 years and over age group, no significant falls in employment levels were observed.

Unemployment

28. In 1997 the average unemployment rate for Jamaica was 16.5 per cent. The unemployment rate for males was 10.6 per cent and for females 23.5 per cent, more than double that of their male counterparts. The average unemployment rate in 1988 was 18.9 per cent, while a 2.6 per cent fall to 176,700 was observed five years later in 1993.

29. (b) The Jamaica (Constitution) Order in Council, 1962 implies that everyone has the right to choose freely or accept employment and that this should be free from compulsion and discrimination in the choice and access to employment. Additionally, Jamaica, having ratified the Employment Policy Convention, 1964 (No. 122), has accepted the policy which aims at ensuring that there is work for all who are available and seeking work.

30. (c) The Government of Jamaica, through its National Industrial Policy, has developed a number of programmes which are geared towards the promotion of full productive employment.

31. (d) See paragraph 29 above.

32. (e) The Human Employment and Resource Training (HEART) Trust/National Training Agency (NTA), a statutory organization formed in 1982, is mandated to administer and equip all public sector vocational training programmes to produce adequate numbers of skilled and semi-skilled workers to meet the requirements of sectors which are relevant to national development priorities. Over the past five years, HEART Trust/NTA has implemented strategies aimed at increasing access and creating a consolidated, cohesive and articulated training system. A modular approach has been adopted to increase access and permit flexibility in the delivery of training programmes. Each module is designed to be self-contained so that the successful completion of training in any one module ensures the acquisition of the minimum skill levels for performing the activity under employment conditions. Collaboration with industry is also a focus of the training agency in the development and use of occupational standards. Additionally there has been articulation between HEART/NTA and a number of tertiary institutions.

33. HEART/NTA programmes are available to all youth across the island. Non-certificate track and informal skills training programmes are provided to youth below the age of 17 at the Learning for Earning Activity Programme (LEAP), Boys Town and other special programmes.[1] Pre-vocational/remedial programmes are also provided at vocational training centres (VTCs) for persons who do not satisfy the normal matriculation requirements for HEART Trust/NTA Level I training programmes. These programmes provide a pool of prospective HEART trainees.

34. The training programmes of HEART Trust/NTA are financed from a mandatory 3 per cent training levy on private-sector firms. Most programmes are offered at Level I (entry level, semi-skilled), Level II, (journeyman, skilled) and Level III, (technician, supervisor). However one institution, the Jamaican German Automotive School (JAGAS) now offers training at Level IV, (master craftsman). Technical and vocational training is provided in Jamaica under a number of programmes using the following modalities: institutional, on-the-job and community based.

Institutional technical high schools

35. Technical high schools provide training for students in the age group 12 to 17 years in preparation for the labour market or advanced training in technical/vocational subjects. They offer training in a number of areas, including building technology, construction, carpentry and cabinet-making, joinery, drafting, electrical installation, mechanical technology, plumbing and pipe-fitting, machine shop, welding and automotive repairs.

HEART academies

36. Seven HEART academies and two academy institutions (the Jamaican German Automotive School (JAGAS) and the National Tool Engineering Institute (NTEI)) provide single disciplinary specialist skill training. Training is provided in agriculture, automotive skills, engineering, cosmetology, hospitality management, business, construction skills and garment manufacturing. One Academy offers training in a mix of skills.

Vocational training centres (VTCs)

37. Sixteen VTCs island-wide provide training to out-of-school youth living within the environs of the centre in skills such as garment-making, masonry, steel-fixing, carpentry/joinery, machinist/fitting, sheet metal works, auto mechanics, catering, electrical installation, plumbing/pipe-fitting, commercial skills, small appliance repairs, hotel trades, household management and welding/fabrication.

On-the-job training

38. On-the-job training is provided by the Apprenticeship Scheme and the School Leavers-Training Opportunities Programme. Both programmes offer graduates of secondary schools (15-25 years of age) the opportunity to learn a skill while gaining working experience. Students who meet the entry requirements are placed in firms for on-the-job training for a period ranging from one to five years, depending on the programme and the skill being taught.

Community-based training programmes

39. Community-based training programmes are facilitated by a partnership between the State, NGOs and the communities, aimed at community development through skills-training for self employment. These training programmes are central to the Government's National Poverty Eradication Programme aimed at eradicating absolute poverty. The two main types of community-based training programmes are SKILLS 2000 (supported by HEART/NTA and the Government of Jamaica) and those run by NGOs. SKILLS 2000 targets individuals in vulnerable groups: youth, women and food stamp beneficiaries. Post training support such as credit, referrals to jobs and support for own-account businesses is also provided.

40. (f) There have been no particular difficulties in attaining objectives of full, productive and freely chosen employment.

41. 3. (a) The top of the Jamaican labour market tends to favour male rather than female employees, particularly in certain occupations and professions. Women are over-represented in low-paying, low-status, low-productivity segments of the market. This may be attributed to employers preference for male employees because of the reproductive role of women, which may be interpreted as lost production time. In practice, there may also be some discrimination against older workers. Both groups may, therefore, face situations of lower wages for the same work as those whom the market favours.

42. (b) Vocational guidance and training in Jamaica falls under the auspices of HEART/NTA, the Professional Guidance Information Services (PROGIS), and the Guidance and Counselling and Technical-Vocational Units of the Ministry of Education and Culture. Career guidance information is provided to institutions in the formal and non-formal education system via publications, workshops and seminars by the Guidance and Counselling Unit of the Ministry of Education and Culture and PROGIS. Since 1994, PROGIS has conducted 14 workshops and seminars, produced 35 career-related materials and developed career guidance curricula for the non-formal education system.

43. There is general gender-equal access to all vocational programmes in Jamaica, with emphasis on assisting women to benefit from non-traditional training in areas such as building construction. Female living accommodation has been constructed at the Portmore HEART Academy (Building Skills) with the aim of increasing female enrolment.

44. The vocational training system is currently biased towards the provision of courses for women. This is evident as more than 50 per cent of HEART training programmes are female-specific, for example, garment construction, art and craft, hospitality, cosmetology and commercial skills. In agriculture, female enrolment and output surpass those of males for the most part. This stems from a deliberate drive by HEART/NTA to recruit more females than males.

45. Of the total 54,692 persons (32,266 females) enrolled in HEART/NTA programmes during the period 1993-1997, a total of 27,219 (17,461 females) completed training. To this extent, HEART/NTA is playing its part in preparing the nation's future workforce and should make an impact by reducing the high level of youth unemployment, estimated at the last count to be approximately 97,600 in the 14 to 24 years age group.

46. (c) All situations of discrimination are recognized as such. Cases have arisen in which firms have been accused of replacing older workers with younger ones; however, there is usually difficulty in proving that this is the reason behind the action.

47. 4. Approximately 3.3 per cent of the employed labour force held more than one job as at October 1997. An ILO survey carried out some time between 1996 and 1997 indicated that "just over 39,000 persons or 4.6 per cent of the employed labour force"[2] held more than one job. There is no indication, however, whether the additional jobs were full-time or part-time. The report indicates that the figure was considered to be an understatement of the real picture. This phenomenon of multiple job-holding is considered to be on the increase based on the observation of a local pollster, who points out that an increasing number of Jamaicans are being forced into "additional employment on a part-time basis" as a measure to counter the rising cost of living. This suggests that such employment may not be full-time. Precisely when this development commenced is not known, but it is believed to have started in the early to mid-1980s and to have increased over time.

Article 7

48. 2. (a) Wages are determined through the free interaction of demand and supply in the labour market as also by negotiations between workers, their representatives and employers. The Government intervenes in the market to ensure a basic level of remuneration through the establishment of a wage floor.

49. (b) A National Minimum Wage is in effect, which is only superseded by other minimum wages for specified occupations. The specified occupations are industrial security guards, workers in the hotel industry, garment-manufacturing, retail petrol, dry goods, dry-cleaning, baking, printing and public passenger transport (rural area). While the Minimum Wage Act, 1938, does not specify any persons or group of persons who are not covered by its provisions, many persons employed in the informal sector, by virtue of the nature of their employment, are not protected by the Act.

50. (i) Minimum wages are enforced under the provisions of the Minimum Wage Act, 1938. They are revised periodically, as deemed necessary, in order to ensure a minimum standard of living. In arriving at the wage rate, consideration is given to the existing rate of inflation.

51. (ii) Consideration is given to the cost of living and basic desirable standards of living in arriving at a reasonable minimum rate of remuneration. Other factors taken into consideration are the likely inflationary effects of an increase in the wage floor and the possible resultant unemployment. All these factors together help determine the ideal minimum rate of pay. The Consumer Price Index (CPI) is perhaps most relevant in determining the lowest level of remuneration capable of ensuring a minimum level of existence. Account is also taken of the fact that most Jamaican households have more than one breadwinner.

52. (iii) The minimum wage is set, reviewed and adjusted by the Minimum Wage Advisory Commission, which is a tripartite body comprised of representatives of workers' and employers' organizations and a neutral chairman. The Commission acts on the advice of the Minister responsible for Labour, and passes its decisions to the Minister in the form of recommendations, which may be accepted or rejected by the Minister.

53. (v) Adherence to the provisions of the Minimum Wage Act is ensured by a system for accepting and investigating complaints of breaches. This process operates out of the Ministry of Labour, Social Security and Sport (MLSSS). In 1997, the Ministry carried out 233 inspections and 3 investigations in response to complaints in relation to this Act.

54. (c) The Employment (Equal Pay for Men and Women) Act, 1975 addresses the issue of equal remuneration for men and women. The Act sets out definitions for "equal pay", "equal work" and "remuneration", and makes provision for inspections and investigations in cases of suspected or reported breach. Penalties for breaches are both punitive and remunerative. The MLSSS carried out 49 injections and 236 investigations in relation to this Act in 1997.

55. 3. Occupational health and safety is governed by the Factories Act, 1943. This Act sets minimum standards of operation for industrial safety. It provides for periodic inspection of factories, building sites and piers, and ships docked at Jamaican ports. The provisions of the Act

are monitored and enforced by the MLSSS, which accepts complaints of breaches and carries out inspections and investigations in relation to the Act. Just under 1,500 inspections were carried out in 1997. An Occupational Health and Safety Bill has been introduced in Parliament as part of the Government's drive to reform operations in the labour market. This act is expected to compensate for the shortfalls of the present legislation.

56. (a) The main instrument of legislation governing occupational health and safety, the Factories Act, 1943, has been described[3] as providing only minimum standards. In addition to this, it excludes "entire sectors and establishment, including agriculture, telecommunications, schools, universities, hospitals, shops, offices, contract workers, noise control and hazardous chemicals.[4]

57. (b) A study carried out by the Occupational Health Nurses Association of Jamaica indicated that injuries in the workplace were more prevalent than those resulting from road traffic accidents. Furthermore, while the incidence of fatalities from traffic accidents was higher, that of fatalities from industrial accidents was increasing at a faster rate. The Association's study of six companies revealed that the absence of 36 per cent of employees for work-related illnesses/injury, accounted for more than 57 per cent of lost man-days.

58. 6. A Labour Market Reform Committee was commissioned in 1995 to review current practices in the local labour market with a view to improving these for the benefit of workers and employers alike. In March 1996 the Committee produced its interim report, based on the findings and recommendations of a series of public forums and investigations. Ten main issues were identified as warranting attention. These were:

Review of the Labour Relations and Industrial Disputes Act, with special attention to the following areas:

(a) Trade union rivalry;

(b) The right to strike;

(c) Restructuring of the Industrial Disputes Tribunal;

(d) Contract work;

(e) Employee Share Ownership Plans;

(f) Productivity programming:

Restructuring of the Ministry of Labour, Social Security and Sport;

Flexible hours of work;

National Pension Scheme/portability of pensions;

Occupational health and safety;

Transport;

Physical security;

Gender issues;

Labour market information;

Training and education.

Article 8

59. 2. (a, b) Formation of and membership in a trade union are governed by the Trade Union Act, 1919 and the Labour Relations and Industrial Disputes Act (LRIDA), 1975, respectively. The principal condition which guides the formation of trade unions is that their operations must not be in restraint of trade. All trade unions must apply for registration within 30 days of establishment and must have registered offices. The LRIDA makes provision for all workers to join the trade union of their choice. Penalties are specified for application in instances in which persons are deliberately prevented from exercising this right or persuaded not to do so. The Trade Union Act allows for minors under 18 years but over 16 years to have membership in trade unions. However, such persons may not hold executive positions.

60. (c) The Trade Union Act provides, in section 28, for the amalgamation of two or more trade unions with the consent of at least two thirds of their membership. The first instance of amalgamation of trade unions took place in 1980, with the formation of the Joint Trade Unions Research Development Centre (JTURDC), which initially represented an affiliation of four Jamaican trade unions. The JTURDC originally began as a research organization, but took on other features of a confederation of trade unions. In 1994, the Jamaica Confederation of Trade Unions was formed, thus allowing the JTURDC to concentrate on its research role.

61. (d) The Trade Union Act sets out the parameters within which trade unions may operate. It stipulates that the stated purpose of the trade union must be lawful and makes provision for registration of trade unions; real estate transactions; accounts and audit; and cancellation of registration in cases of violation. The Act also sets out the procedure for conducting disputes and peaceful picketing and for the prevention of intimidation of persons by trade unions in the furtherance of their cause.

62. (e) There are 71 registered trade unions in operation in Jamaica, 9 of which are employers' associations. While accurate data are not available on the membership of trade unions, the 12 member unions of the JTURDC represent 195,580 workers or just about 21 per cent of the employed labour force.

63. 3. The Jamaica (Constitution) Order in Council, 1962 provides the right to peaceful assembly. This right, as it relates to strikes, is tempered by the provisions of the LRIDA, which confers on the relevant Minister the right to order parties to industrial action to end the action where it is considered to be "gravely injurious to the national interest". Restriction is also placed

on industrial action by persons in sectors considered to be "essential services". The LRIDA sets out a procedure which involves the reporting of the dispute to the relevant Minister and referral of the dispute by the Minister to the Industrial Disputes Tribunal (IDT) if he or she is unsuccessful in settling it. Where this procedure has not been followed, industrial action taken by such workers is considered illegal and is punishable by law. (See annexed list of essential services.)

64. 4. There are no restrictions on any group of workers' right to join or form a trade union. With regard to the provisions in relation to industrial action by stated groups of workers, refer to the annexed list of essential services.

65. 5. One of the issues raised in the deliberations of the Labour Market Reform Committee is the enshrinement of the right to strike in the Jamaican Constitution. This is under consideration by the Committee.

Article 9

66. Jamaica's social security provisions are realized through a contributory National Insurance Scheme (NIS) established in 1966 and administered by the Ministry of Labour, Social Security and Sport. It provides protection for those in the formal employment sector. Contributions are mandatory and are in accordance with salary earned. Protection is provided for contributors and their families against loss of income arising from retirement, old age, death, permanent disablement or employment-related injury of the wage earner.

67. Jamaicans employed in Jamaican missions abroad, as well as Jamaican voluntary contributors living overseas are covered under the scheme.

68. Jamaica has reciprocal NIS agreements with Canada, the United Kingdom and the Caribbean Community (CARICOM) member States. Contributions are pooled into a National Insurance Fund, which seeks continuously to increase its value via a spread of investments consisting of equity funds, commercial instruments and real estate. At the end of 1997, the value of the Fund stood at J$ 7.8 billion.

69. Benefit claims are satisfied from this Fund, either as general benefits or employment injury and disablement benefits. General benefits are paid either as pensions or grants to eligible contributors according to criteria such as old age, loss of spouse, invalidity or maternity. The number of pensioners who received benefits in 1997 was 87,657, and 1,229 persons were paid employment injury benefits, making a total of 88,889 who benefited from the Fund. This is reflective of the general trend of the distribution of benefits over the years.

Article 10

70. An established definition of the family has not been arrived at in Jamaica. Any definition would have to incorporate the distinctive features of family organizations in Jamaica (i.e. union status and mating patterns among families).

71. There have been several steps taken in the direction of formulating a family policy. These include:

(a) The establishment of a Women's Desk by the Government (1974);

(b) The establishment of a Bureau of Women's Affairs by the Government (1975);

(c) The establishment of the Judicature (Family Court) Act in 1975;

(d) The establishment of the Status of Children Act (1976); and

(e) The adoption of a National Policy Statement on Women by the Cabinet (1987).

72. The family enjoys the protection of the law as the group unit which carries the important responsibility of providing for the maintenance of its members. Legal protection is given to members of the family based on the relationship created by marriage. The Marriage Act contains provision for the wife and any children to be entitled to maintenance by the husband. A man is also obliged by a provision of the Maintenance Law to maintain the children of his common-law partner.

73. The age of attainment of majority in Jamaica is 18 years. It was 21 until 30 April 1979 when the Law Reform (Age of Majority) Act came into effect. A person may, however, enter into marriage legally at 16 years of age with the consent of a parent or guardian, except in the case of a widow or widower (section 3 (2) of the Marriage Act).

74. Since 1992, much energy has been given to articulating a policy on family life education in Jamaica to guide the development and implementation of family life education. It was formulated by the Ministry of Education and Culture.

75. With regard to the protection of children and youth, Jamaica has developed a National Plan of Action for Children (NPA) which was finalized in 1995 and adopted by the Government. This was preceded by Jamaica's participation in the World Summit for Children in 1990 and ratification of the Convention on the Rights of the Child in 1991. In accordance with the objectives of the World Summit and the Convention, the NPA is intended to ensure the survival, protection and development of children. The NPA recognizes complementary strategies for assisting children through support of their mothers and families. It also outlines strategies for rebuilding the strength of the family so it may fulfil its designated role. In 1991, an interagency coordinating committee, called the NPA Coordinating Committee, was established to coordinate the implementation of the World Summit goals and the development of the NPA. A national policy document on children was tabled in Parliament in 1997. Its implementation will also be monitored by the above-named committee.

76. Other significant activities include Jamaica's participation in the Caribbean Conference on the Rights of the Child: "Meeting the post ratification challenge", held in Belize City from 7 to 10 October 1996, and the signing of the Belize Commitment to Action, as well as participation in the Caribbean Ministerial Consultation on Children and their Families, convened

in Kingston, Jamaica six months later to follow up the commitment made in Belize and to identify processes of implementation. This event culminated in the signing of the Kingston Accord, a formal agreement embodying the priority issues raised throughout the consultation.

77. Protection is also afforded under the Juveniles Act. Section 71 contains legislation which provides that no child under the age of 12 years shall be employed, although a child under the age of 12 may be employed by his parents and guardians in light domestic work, agricultural and horticultural work and in any prescribed occupation. No child under the age of 12 years shall be employed in night work or in an industrial undertaking. The minimum age for the employment of a child is 12 years. The minimum age for the employment of a juvenile in any industrial undertaking or on a ship is 15 years. The legal responsibilities and duties of parents and guardians are set out in section 9, subsection 2a, of the Juveniles Act. The Maintenance Act also outlines, inter alia, the responsibility of parents to maintain their children and the Education Act states that it is the duty of the parent of every child of compulsory school age residing in a compulsory education area to cause him to receive full-time education suitable to his age and ability. Similarly, the Maintenance Act provides that parents have the responsibility to maintain their children, thus seeking to ensure that every child has a standard of living adequate for his physical, mental, spiritual, moral and social development (art. 27).

78. In addition, the Family Court administers the Children's (Custody and Guardianship) Act, which determines in cases where parents do not live together which parent shall have custody of the child. The Family Court also administers all family laws (save divorce) and at all times has regard for the best interest of the child.

79. The Children's Services Division of the Ministry of Health has statutory responsibility for the investigation and supervision of children who are in need of care and protection or are beyond parental control. The Division therefore makes recommendations to the courts if children are to be placed in institutions or in foster care and also supervises their progress and evaluates the placement. There are 48 childcare institutions operated by public and private sector agencies island-wide, divided into Places of Safety and Children's Homes. There are three juvenile correctional centres and one remand centre where juveniles are sent once a correctional order has been passed to remove the child from the family home as a result of committing an offence.

80. The laws and system in Jamaica provide basic protection of the child from maltreatment by parents. The Juvenile Act makes it an offence for an adult who has the custody, charge or care of a child to wilfully assault, ill-treat, neglect or abandon the child.

81. The activities of the Jamaica Coalition on the Rights of the Child, an advocacy group of non-governmental organizations and UNICEF, have greatly facilitated public awareness of the rights of the child and have promoted the monitoring and implementation of the Convention on the Rights of the Child in Jamaica.

82. In the 1993 sectoral debate, the Minister responsible for children gave a commitment for the development of a childcare and protection act after a review of laws relating to children. The laws were reviewed and new legislation is currently being drafted for introducing the act, which

will reinforce protection of children against economic exploitation and other concerns articulated in the Convention on the Rights of the Child, and will bring under one umbrella all laws relating to the child.

83. In 1994 Jamaica's participation in the Second American Meeting on Children and Social Policy in Colombia ended in the signing of the Narino Accord on practical ways to allocate more resources to social programmes for children and families.

84. A National Youth Policy was established in 1994 to provide the framework and devise the strategies which will form the basis for an effective programme of action to encourage youth to realize optimum potential. The National Youth Service was launched in 1995 to inculcate a sense of service and discipline among the country's unemployed youth (17-24 years) and to respond to some of the policy objectives of the National Youth Policy relating to education, training, employment and empowerment.

Article 11

85. The basic measure of the standard of living used in Jamaica is real per capita consumption. Other important indicators used to complement this measure include the general level of inequality in Jamaica, demographic characteristics, education, health, housing and participation in the social safety net programmes of school feeding, financial assistance for schooling and food stamps.

86. Nominal estimates can be used for the purpose of comparison among groups in any year, and the differences computed in this way can be used to compare the changing status of groups over several years. The data used in the present report come from the Survey of Living Conditions (SLC) for various years. The most recent published data are for 1996. An attempt is made to provide very substantial detail under four headings: Standard of living in Jamaica; Group comparisons; Estimate of GNP; Poverty. However, it should be noted that much more detail can be obtained from the SLC reports and data sets. These can be obtained from the Policy Development Unit and the Publications Office of the Planning Institute of Jamaica.

A. Standard of living in Jamaica

87. The real per capita consumption expenditure was $7,230 in 1996, as measured in 1990 prices. This was 5.1 per cent below the 1990 estimate of $7,616. This decline contrasts with an overall increase of 2.3 per cent in real per capita consumption between 1990 and 1995, when the estimate was $7,793. It should also be noted that there was a decline of 20.2 per cent to $6,080 between 1990 and 1991, and therefore a steady increase of 28.2 per cent in real per capita consumption between 1991 and 1995. The decline in real per capita consumption between 1995 and 1996 could be traced to the inflationary environment which prevailed over the latter half of 1995 and the early months of 1996 and which resulted in strict demand management policies.

88. The GINI coefficient, the measure of the level of inequality in Jamaica, was 0.3604 in 1996. This represented a decline from 0.3811 in 1990. Between 1990 and 1991, the GINI coefficient increased to 0.3969. After 1991, there was a steady decrease in the coefficient up to 0.3624 in 1995, except for 1994 when the estimate was 0.3816.

89. The general demographic characteristics of the country remained generally stable over the 1990-1996 period. Mean household size and composition were virtually constant, showing only marginal variations. Household size was 3.9 individuals between 1990 and 1992 moving to 3.8 since, with 1994 being the exception at 3.7.

90. Access to basic education (grades 1-9) was virtually universal over the period. This is a function of the Ministry of Education's policy commitment to provide this level of education.

91. The all Jamaica attendance rate has remained about the same since 1990, at between 78 per cent and 80 per cent, except for 1994 when the rate was 83.9 per cent. The rate for 1996 was 78.8 per cent.

92. The general health indicator of the country - the percentage reporting illness/injury - indicated general improvement in the health status of the country between 1990 and 1996. The indicator declined from 18.3 per cent in 1990 to 10.7 per cent in 1996, with slight fluctuations in the intervening years.

93. Mean patient expenditure on drugs was $176 in 1996, or $31 in 1990 prices. The real mean patient expenditure increased steadily and substantially from $4 in 1990 to $47 in 1995, before falling in 1996. The decline in 1996 might be attributed to both the reduction in real consumption, and the promotion and introduction of the use of the cheaper generic drugs by the Ministry of Health.

94. Health insurance coverage in 1996 continued to be low for the country at only 9.8 per cent of all persons. This, coupled with high health care costs to these vulnerable groups, led to the formulation of a draft proposal for a national health insurance plan during the year.

95. The housing stock and general housing conditions continued to improve in 1996. The housing quality index increased steadily from 59.2 per cent in 1990 to 64.8 per cent in 1996. In 1996, apartments and townhouses accounted for the largest percentage increase in the share of any single housing type. These accounted for 3.3 per cent in 1996, used mostly by the wealthy. Their greatest concentration is in the Kingston Metropolitan Area (KMA). The share of detached housing continued to decline and to be used mostly by households in the lowest consumption quintile. Perhaps because of perceptions about quality, most houses continued to be built of cement blocks and steel. Moreover, as household income increased, so did the consumption of block and steel at the expense of wood.

96. The percentage of dwellings with piped water increased from 61.2 per cent in 1990 to 66.8 per cent in 1996, and there was an overall reduction in the number depending on river/pond and rain water. The indicators revealed that improved availability of piped water was accompanied by substitution of public piped water with private piped water.

97. Use of electricity as a source of lighting increased from 66 per cent of the population in 1990 to 76.9 per cent in 1996. There was a corresponding decline in the proportion of households using kerosene from 31.3 per cent in 1990 to 21.1 per cent in 1996.

98. The rate of participation in the school-based feeding programmes was highest in 1996 at 66.4 per cent of students enrolled in schools. Participation was 57 per cent in 1991, 59 per cent in 1992, 31.4 per cent in 1994 and 44.3 per cent in 1995. The all years low of 31.4 per cent in 1994 was largely due to problems with delivery of meals by the government School Feeding Programme. The steady recovery of participation rates from the low in 1994 to the high in 1996 was due mainly to supplementary initiatives by parent/teachers' associations, churches, schools and private sector organizations, to fill the gap left by the government School Feeding Programme.

99. The rate of participation in the food stamp programme was approximately 7 per cent in 1996, virtually the same as in all years since 1990. This constant rate of participation followed efforts by the Ministry of Labour, Social Security and Sports to clean the food stamp rolls and improve coverage and targeting

B. Group Comparisons

100. Per capita consumption expenditure in 1996 of households in the lowest consumption quintile was $14,647, seven times lower than that of the wealthiest, which was $94,775. The arithmetic average for the three lowest quintiles (1, 2 and 3) was $23,610, four times lower than the per capita consumption of the wealthiest. This distribution is reflected in the fact that the poorest quintile enjoyed only 7 per cent of national consumption in 1996, as compared with 44.5 per cent by the wealthiest. This was an improvement over 1990, when quintile 1 enjoyed 6.4 per cent of national consumption, in contrast to 45 per cent for quintile 5. The fall in the GINI coefficient between 1990 and 1996 captured the slight improvement in the share of national consumption of the poorer consumption groups.

101. Mean household size of the poorest quintiles (1 and 2) and of quintile 3 remained approximately five individuals over the period 1990-1996.

102. The proportion of individuals 65 years and over increased slowly from 7.3 per cent of the population to 8.1 per cent in 1996. This age group is the fastest growing segment of the population at 2 per cent per year. The old age dependency ratio increased from 12.7 in 1991 to 14.3 in 1996.

103. The enrolment rate for 6 to 14 year olds was between 95 and 100 per cent across consumption groups. At the upper secondary and tertiary levels, enrolment tends to vary directly with welfare status.

104. The Reform of Secondary Education (ROSE) programme's school upgrading component has been of particular benefit to children of the poor who were previously largely enrolled in all age and new secondary schools. Enrolment of such students in comprehensive, secondary, and technical high schools was 34.7 per cent in 1996, 25 per cent higher than that in 1995 and an increase of 47 per cent since 1992. This means that, in 1996, a much larger percentage of the poor were trained under a common curriculum deemed by the education authorities to be more acceptable than that followed in the all age and new secondary schools.

105. Among the out of school population (12-18 years), more than 50 per cent came from the rural areas in 1996. Approximately 60 per cent were males and 54.5 per cent were from quintiles 1 and 2.

106. The reduction in reported illness/injury between 1990 and 1996 was greater for persons in the poorest consumption quintile than for persons from the wealthiest consumption quintile. In 1990, 17.3 per cent of persons in the poorest quintile reported illness/injury, compared with 9.6 per cent in 1996. The corresponding figures for the wealthiest quintile are 19.8 per cent and 12.2 per cent.

107. The elderly above 60 years accounted for most of the improvement in the percentage of persons reporting illness/injury.

108. The greatest incidence of reported illness/injury was reported in the rural areas in 1996, at 12 per cent. This is a substantive change from the situation in 1990 when persons in the other towns showed the greatest incidence of illness/injury, 22.3 per cent, compared with 17.5 per cent in the rural areas and in the Kingston metropolitan area.

109. Incidence of illness/injury among women (11.8 per cent) was higher than for men (9.7 per cent). This pattern prevailed in all years since 1990. There was a general decline in illness/injury for both groups, from 20.3 per cent for women in 1990 and 16.3 per cent for men.

110. "At risk" health groups in the Jamaican population continued to include individuals from the rural areas, women and individuals 65 years and over.

111. The Jamaica Drugs for the Elderly Programme was launched by the Government in 1996 to improve access for the elderly to much needed drugs at low cost.

112. Health insurance coverage was very low for the poor, the residents of rural areas and the elderly. This, coupled with high health care costs for these vulnerable groups, led to the formulation of a draft proposal for a national health insurance plan during the year.

113. Apartments and townhouses were used mostly by the wealthy and found mainly in the KMA. Detached housing continued to be used mostly by households in the lowest consumption quintile. As household income increased, so did the use of cement block and steel in housing construction.

114. Access to water supply was worst in the rural areas but there has been steady increase in the provision of piped water to dwellings in these areas, rising from 33.2 per cent of dwellings in 1990 to 42.9 per cent in 1996. Approximately 60 per cent of households in the wealthiest quintile had piped water in their dwellings, compared with 14.2 per cent in the poorest quintiles.

115. Use of electricity was highest among the upper quintiles in 1996. The use of this lighting source increased among the poor from 43.6 per cent in 1995 to 56.4 per cent in 1996. While electrification is highest in the KMA, it increased rapidly in the rural areas. About 59 per cent of households had electric lighting in 1995, compared with 67 per cent in 1996.

116. The government financial assistance programme provided help mainly to children from the poorest consumption groups.

117. Of the eligible children who received food stamps, significantly higher percentages were in the rural areas and in the poorer quintiles. This pattern held across all years. Between 1990 and 1996, the proportion of eligible children receiving stamps increased noticeably in the KMA and the rural areas, and in all quintiles. Coverage of eligible pregnant/lactating women continued to be quite low and changes have been introduced in the registration process to facilitate improved delivery of services to this group of beneficiaries.

118. The food stamp programme continued, in general, to target the poor with reasonable success. The poorest quintiles accounted for 58 per cent of beneficiaries in 1996, while the wealthiest quintiles accounted for 22.1 per cent of beneficiaries. In 1990, the poorest quintiles accounted for 63.2 per cent of beneficiaries, while the wealthiest quintiles accounted for 19.5 per cent of beneficiaries. Food stamps continued to be an important source of income for households in the poorest consumption quintile and households with low levels of academic education.

C. Estimate of GNP

119. No direct estimates of GNP per capita for the poorest 40 per cent of households are available to the Project Development Unit (PDU). It might be useful to note that since consumption is used as a proxy for income, the income per capita for the poorest 40 per cent of households might be obtained from the mean per capita consumption of such households. In 1996, the mean per capita consumption of the poorest 40 per cent of households was $19,053.

D. Poverty

120. There are two aspects to the measurement of poverty in Jamaica. One is the identification of the poor individual or household with a computed poverty line. The other is the use of this line and survey data to determine the number of poor individuals or households. The methods of measuring household poverty are described below. The method of measuring individual poverty requires simple adjustments for adult equivalency. The result in step 5 below identifies a poor household as any with total consumption expenditure below the poverty line.

Computation of the household poverty line

1. Determine the food consumption patterns of households in consumption quintiles 1 and 2. Select the representative food basket (with respect to food items contained).

2. Determine the minimum necessary quantities of the item in the representative basket for a family of five members - male adult, female adult and three children of different ages. This is determined by Ministry of Health experts who take into account the caloric requirements of each member of the representative household.

3. Determine the cost of the minimum necessary food basket for rural areas, the Kingston Metropolitan Area (KMA) and other towns.

4. Determine the reciprocal of the food share of total consumption expenditure for each geographical region. The food share of expenditure is equal to one minus the fraction of expenditure on non-food consumption.

5. For each geographical region identified above, compute the poverty line by multiplying the result obtained from step 3 by that obtained from step 4.

Computation of the number of poor households.

1. Data from the Survey of Living Conditions are used to identify the number of households with total consumption expenditure below the poverty line in a representative sample of approximately 2,000. This is done for each geographical region.

2. For Jamaica, a weighted average of the regional percentage is computed, using as weights the percentage of households in each region.

3. The number of poor in any region or in Jamaica follows directly from 2 above.

Article 12

Health status of the population

121. Data from the health centres, clinics, hospitals and the Survey of Living Conditions[5] show that the health status of the population has been improving over the period 1989-1997. Epidemiology transition is evidenced by the decline in the incidence of acute and communicable illnesses and the incidence of non-communicable chronic diseases among the elderly population.

122. The crude birth rate and the crude death rate have remained much the same since 1992, while the fertility rate (monitored by the Contraceptive Prevalence Survey) has been declining. The infant mortality rate is 24.5 per 1,000 live births; the maternal mortality rate 11 per 10,000; national immunization coverage is 92 per cent; life expectancy is approximately 72 years; 81 per cent and 99.5 per cent of the population have access to safe water and sanitary facilities respectively (see table 1).

Table 1. Selected health indicators, 1992-1997

Health indicators (national level)	1992	1993	1994	1995	1996	1997
Crude birth rate[a]	24.3	23.6	24.1	25.2	22.8	23.4
Crude death rate[b]	5.5	5.7	5.5	6.1	5.9	5.9
Fertility rate 4[b]		3.0				2.8
Access to safe water	78.3	77.7	76.6	82.3	81.7	81.2
Access to sanitary facilities	98.3	99.2	99.4	99.5	99.7	99.5
National immunization coverage	76.3	89.0	92.0	92.5	95.2	92.4
Life expectancy	71.2	71.2	71.2	72.2	72.2	72.2
Maternal mortality		10.3			10.4	11.0
Infant mortality rate[c]		24.5				

Sources: Ministry of Health (MOH); Planning Institute of Jamaica (PIOJ); Statistical Institute of Jamaica (STATIN).

[a] Per 1,000 population.

[b] Contraceptive Prevalence Survey, National Family Planning Board.

[c] Study by the Ministry of Health; UNICEF, 1993.

123. Information on morbidity and mortality are presented in tables 2 and 3. As can be seen in both tables, injuries and poisoning, and chronic diseases top the lists. In 1996, the Human Immunodeficiency Virus, septicaernia and renal failure were among the top 10 mortality conditions, while injuries and poisoning, which had ranked third and seventh in 1994 and 1995 respectively, was not. With respect to morbidity, injuries and poisoning, diabetes (up to third from tenth position) and gastroenteritis (presumed to be of infectious origin) were the top three conditions. Higher incidence of chronic diseases has been identified among women, the elderly, the poor and rural dwellers. The prevention and control of non-communicable chronic diseases are among the priority areas to be addressed by the Ministry of Health. Diabetic and hypertensive registers are being re-implemented and a diabetic passport has been developed to monitor the care of this condition.

Table 2. Ten leading causes of mortality, 1994-1996

Diagnosis	1994 rank order	1995 rank order	1996 rank order
Stroke			1
Cardiovascular disease	1	1	
Diabetes Mellitus	4	6	3
Pneumonia, asthma, bronchitis	5	4	4
Heart failure			5
Other disorders of the respiratory system			6
Intercranial haemorrhage			7
Malignant neoplasm	2	2	8
Injuries and poisoning	3	7	
Other infectious and parasitic diseases	6	3	
Perinatal conditions	7	5	
Septicaernia			2
Genito-urinary disorders	8	9	
Other diseases of the digestive system	9	8	
Other endocrine, nutritional and metabolic and immunity disorders	10	10	
Renal failure			9
Human immunodeficiency virus			10

Source: Health Information Unit, Ministry of Health.

Table 3. Ten leading causes of morbidity, 1994-1996

Diagnosis	1994 rank order	1995 rank order	1996 rank order
Injuries and poisoning	1	1	
Cardiovascular diseases	2	2	
Genito-urinary disorders	3	3	
Pneumonia, bronchitis, asthma, emphysema	4	4	
Neoplasms	5	5	
Other diseases of the digestive system	6	7	
Other diseases of the respiratory system	7	8	7
Appendicitis and hernia	8	9	
Perinatal conditions	9	6	
Diabetes Mellitus	10	10	3
Essential hypertension			9
Infections of skin and subcutaneous tissue			10
Pneumonia			4
Stroke			8
Fractures of other limb bones			6
Asthma			5
Diarrhoea and gastroenteritis of infectious origin			2
Other injuries of specified, unspecified and multiple body regions			1

Source: Health Information Unit, Ministry of Health.

Children under five years

124. Injuries and poisoning, respiratory diseases (including asthma, emphysema and bronchitis), and infectious intestinal diseases have been identified among the leading causes of morbidity in children under five years of age. Nutritional deficiency has not been listed since 1994.

Mental health status

125. Island-wide, there are approximately 11,500 active clients registered with the community mental health service. Depression, schizophrenia and substance abuse are the most prevalent types of mental disorders recorded for the population. The distribution by gender is approximately the same for males (50.3 per cent) as for females (49.7 per cent). Mental disorders, in general, were the leading diagnoses according to days of care (9.1 per cent), with an average length of stay in care of 91.7 days. Eighty per cent of all clients diagnosed with mental disorder were between the ages of 15 and 54 years.

Primary health care

126. The mission of the Ministry of Health is to "promote and safeguard the health of the Jamaican people in collaboration with individuals, groups/agencies through the provision and monitoring of cost effective, preventive, curative, promotive and rehabilitative services delivered by adequately trained and motivated personnel". The operations of the Ministry of Health are guided by its corporate plans, which span four-year periods, and primary health care strategies for fulfilling its mission.

127. Primary health care (PHC) principles and practices were instituted in the country even before the Alma Ata Convention, however, since then, there has been acceleration in these programmes with the establishment of a primary health care unit. Primary health care engages a conglomeration of services and programmes at the community level to "promote a healthy lifestyle through the prevention, early detection, treatment and rehabilitation of disease conditions". The PHC unit oversees and coordinates the planning and delivery of the various promotive, preventive, public health and curative service programmes included in the delivery system. It also engages in research and advocates for policy that will promote improvements in service delivery. PHC/family health services are offered to the population through the 366 clinics and health centres located throughout the island. Services cover maternal care/reproductive health, child health, curative care, dental health, health education/promotion, control of communicable diseases, prevention and control of non-communicable chronic diseases through the promotion of healthy lifestyles, and environmental health services.

Health expenditure

128. Over the period 1988/89-1997/98, allocations to the Ministry of Health (MOH) as a percentage of the government budget, have been fairly constant and averaged 6.5 per cent (see table 4). Allocations to MOH in real terms are presented in table 5 and although the figures presented indicate fluctuations, on an average, there was a real increase of 2.6 per cent over the 10 years. As a percentage of GDP, allocations to MOH have remained constant at an average of 2.9 per cent. This, however, is below the 5 per cent of GDP that the World Health Organization (WHO) recommends should be allocated to health.

129. Table 6 shows that allocations from the Ministry of Health's budget to primary health care for the seven fiscal years 1991/92-1997/98 fluctuated between 19.5 and 24.7 per cent, with an average of 19 per cent, 6 percentage points below the WHO recommended 25 per cent.

Table 4. Ministry of Health budget as a percentage of the government budget, 1981/89-1997/98

Fiscal Years	Total government budget	Minister of Health, departments and capital	Percentage
1988/89	9 163 966.20	608 387.00	6.64
1989/90	9 866 584.20	721 906.00	7.32
1990/91	11 461 231.40	864 510.00	7.55
1991/92	17 938 819.60	1 141 493.00	6.36
1992/93	26 148 386.00	1 767 695.00	676
1993/94	43 392 880.00	3 108 058.00	7.16
1994/95	68 383 476.70	4 138 561.00	6.05
1995/96	81 250 235.00	4 247 408.00	5.23
1996/97	115 077 657.50	6 677 712.00	5.80
1997/98	106 590 665.00	6 871 159.00	6.45

Source: Ministry of Health.

Table 5. Ministry of Health (MOH) budget in nominal and real terms and as a percentage of GDP, 1988/89 -1997/98

Years	MOH budget (JS 000s)	Nominal change (%)	MOH budget 1988/89 (JS 000s)	Real change	MOH budget as a % of GDP
1988/89	608 387		608 387		
1989/90	721 906	18.7	622 150	2.3	n.a.
1990/91	864 751	19.8	596 635	-4.1	2.6
1991/92	1 141 493	32.0	467 426	-21.7	2.4
1992/93	1 1767 695	54.9	459 794	-1.6	2.3
1993/94	3 108 058	75.8	649 172	41.2	2.9
1994/95	4 138 561	33.2	656 466	1.1	3.0
1995/96	4 247 408	2.6	553 492	-15.7	2.5
1996/97	6 667 712	57.2	716 093	29.4	3.3
1997/98	6 871 159	2.9	661 955	-7.6	3.1

Source: Planning Institute of Jamaica.

Table 6. Primary health care as a percentage of the Ministry of Health budget, 1991/92-1996/97

Fiscal year	MOH budget (net) $000s	PHC budget $000s	PHC as a % of MOH (net)
1991/92	800 100	172 068	21.5
1992/93	1 166 320	284 821	24.7
1993/94	2 134 782	418 804	19.5
1994/95	3 242 818	802 393	24.7
1995/96	3 313 281	683 343	20.6
1996/97	5 327 137	1 089 461	20.5
1996/97	6 729 982	983 227	20.0

Source: Ministry of Health.

Infant morbidity and mortality

130. Jamaica has made significant gains in reducing infant mortality in the past two decades, in that the infant mortality rate (IMR) has declined to 24 per thousand live births in 1993[6] from 34.7 in 1975 and 27 in 1980. The IMR of 11 per thousand live births which the Registrar General Department reports (and which is being used by international organizations) is significantly lower than that of 24 per thousand. The difference is due to identified weaknesses in the data collecting and reporting systems. A decision was taken by, the Ministry of Health, the Registrar General Department, the Statistical Institute of Jamaica and the Planning Institute of Jamaica, to use the 1993 IMR as the official rate until these weaknesses are resolved (by the year 2001). Unfortunately, infant mortality rates by rural/urban division, gender, ethnic and socio-economic groups, and geographical area are not available at this time.

Access to safe water

131. Approximately 84 per cent of the population are served by treated water, 12 per cent are served by untreated water and 4 per cent of the population are not served. The percentage of dwellings with piped water increased, to 66.8 per cent in 1996 from 61.2 per cent in 1990, concomitant with a net decrease in the proportion of dwellings dependent on standpipes (decreasing to 14.9 per cent in 1996 from 17.1 per cent in 1990). While urban dwellers continued to enjoy the highest level of piped water supply, it was observed that there was a steady increase (to 42.9 per cent in 1996 from 33.2 per cent in 1990) in the provision of piped water supply to rural areas. A 3.4 percentage point decline (2.3 per cent in 1996 from 5.7 per cent in 1990) was observed in the number of persons depending on river/pond water, and an overall decline of 3.9 per cent (to 15.2 per cent in 1996 from 19.1 per cent in 1990) in the number of persons depending on raw water as a source (SLC, 1996).

Access to adequate excreta disposal

132. Approximately 95 per cent of the population have access to sanitary facilities, one half (53.6 per cent) of which are flush toilets. Households in the Kingston Metropolitan Area (KMA) continued to have the advantage over rural areas and other towns relating to flush toilets, accounting for 85 per cent of these facilities. Rural areas rely mainly on individual excreta disposal systems, ranging from septic tanks to pit latrines. It should be noted, however, that ownership of flush toilets by rural households has increased to 32.5 per cent in 1996 from 28.5 per cent in 1990. Nearly 80 per cent of water closets are linked to sewers and are distributed among the KMA, other towns and rural areas as follows: 48 per cent, 11 per cent, and 10.7 per cent respectively.

Infant immunization status

Table 7. Immunization, 1990-1996

	1990	1991	1992	1993	1994	1995	1996
Diphtheria, whooping cough, tetanus (DPT)	86.4	84.7	82.3	91.0	92.8	90.5	91.6
Poliomyelitis	86.7	85.7	74.2	93.3	93.1	90.6	91.9
Tuberculosis (BCG)	97.6	94.4	85.4	100.0	100.0	98.1	98.3
Measles	73.9	77.1	63.3	80.0	77.1	91.1	99.3
National immunization coverage	83.5	85.4	76.3	89.0	92.0	92.5	95.2

133. Jamaica's goal to achieve 100 per cent coverage of the six immunizable diseases - tuberculosis, diphtheria, poliomyelitis, pertussis, tetanus and measles, has been attained in one area but not maintained, while it has not yet been achieved in the others. However, between 1989 and 1995, there have been gains in universal immunization coverage in that national coverage had increased to 95.2 per cent in 1995 from 84.7 per cent in 1989. There are variations in coverage at parish level.

Life expectancy

134. As of 1998, life expectancy at birth for men was 69.6 years and for women 74.5, with a national average of 72.0 years (see table 1).

The population's access to trained personnel

135. Figure 1 shows the distribution of primary and secondary care facilities by parish and health regions. Table 8 provides additional information on human resources (specific categories) per 10,000 population. Taken together, these provide some information on the population's access to trained personnel, as well as to health care services. A general shortage of health care personnel is compounded by uneven distribution through the health regions in terms of numbers, level of care and specialties. Less than adequate infrastructure (e.g. roads, transportation, electricity, telephone) and the opening hours of some health centres, limit the extent to which the population have access to the services provided. The establishment of regional health authorities with their own governing boards is expected to resolve these inequities.

Table 8. Human resources for health per 10,000 population, 1995 and 1996

Year	Population	Doctors	Nurses	Pharmacists
1995	2 503 300	5.7	6.9	2.7
1996	2 527 600	8.3	10.3	2.5

Source: MOH; STATIN.

Pregnant women having access to trained personnel

136. All pregnant women entering hospital for delivery have access to trained personnel, while 80 per cent of those delivered at home, are delivered by trained personnel. In addition to delivery services, antenatal and postnatal clinics are held on a regular basis at health centres throughout the island. These services are being accessed, on an average, by approximately 69 per cent of the target population since 1992 (see table 9). Additionally, special "high risk" clinics have been established to identify and treat, in a timely and appropriate manner, women who are vulnerable for developing complications in pregnancy. The latest (1998) maternal mortality rate is 11 per 10,000.

Infants having access to trained personnel

137. See table 9. In addition to postnatal clinics, infants/children are seen at child welfare clinics. Approximately 10,000 children are seen each year.

Figure 1 Map of Jamaica showing parish and health regions

WESTERN REGION				
PARISH	POPULATION (1996)	HOSPITALS		PRIMARY HEALTH CARE FACILITIES
		PUBLIC	PRIVATE	
TRELAWNY	72,400	1	-	21
ST. JAMES	170,000	1	1	26
HANOVER	67,900	1	-	19
WESTMORELAND	133,600	1	-	22

NORTH EAST REGION				
PARISH	POPULATION (1996)	HOSPITALS		PRIMARY HEALTH CARE FACILITIES
		PUBLIC	PRIVATE	
PORTLAND	78,600	1	-	21
ST. MARY	113,800	2	-	32
ST. ANN	158,100	3	-	27

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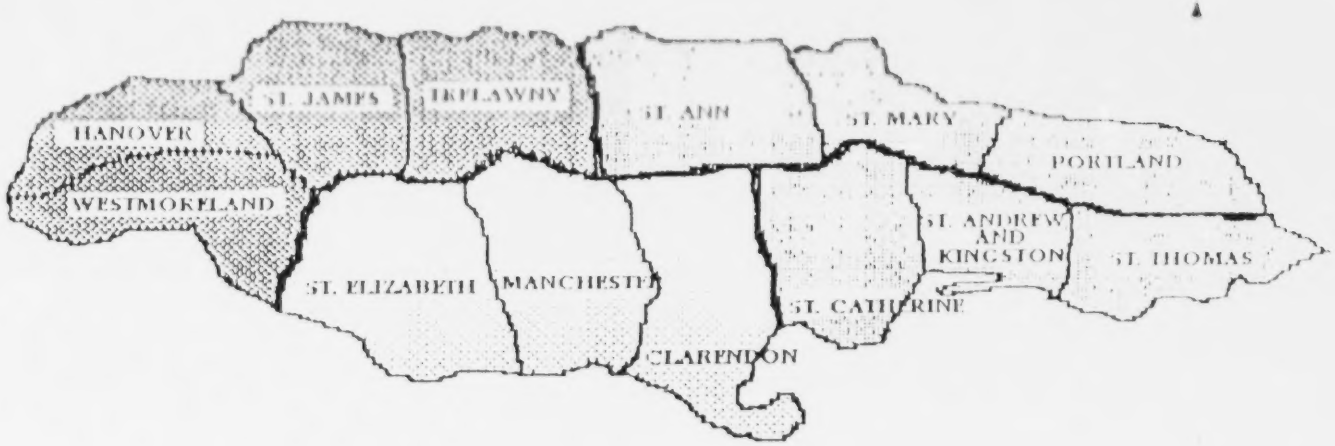


SOUTHERN REGION				
PARISH	POPULATION (1996)	HOSPITALS		PRIMARY HEALTH CARE FACILITIES
		PUBLIC	PRIVATE	
ST. ELIZABETH	148,800	1	-	30
MANCHESTER	177,500	1	1	28
CLARENDON	223,400	3	-	46

SOUTH EAST REGION				
PARISH	POPULATION (1994)	HOSPITALS		PRIMARY HEALTH CARE FACILITIES
		PUBLIC	PRIVATE	
ST. CATHERINE	402,500	2	-	26
ST. ANDREW & KINGSTON	691,600	8	6	49
ST. THOMAS	89,400	1	-	19

Prepared by: Ministry of Health, Planning and Evaluation Unit, June 1997.

Table 9. Utilization and coverage of maternal and child health services, 1992-1997

Service	1993	1994	1995	1996	1997
Antenatal care					
Estimated population	58 627	57 405	59 236	62 094	57 369
Percentage of women receiving care	71.2	73.8	68.2	67.3	65.9
Postnatal care					
Estimated population - mothers	58 627	57 405	59 236	62 094	57 369
Estimated population - babies	58 627	57 444	59 286	62 094	57 369
Percentage of mothers receiving care	71.2	75.4	74.4	69.5	72.3
Percentage of babies receiving care	74.2	77.8	75.6	71.8	73.5

Source: MOH.

Vulnerable groups

138. Women, the very young (0-4 years old), the elderly (65+ years), the poor and rural dwellers remain the vulnerable groups for poor health status. These groups have higher rates of self-reported illnesses, higher rates of acute and chronic illness (except for the 0-4 year age group), are ill for a longer duration and are less able to carry out their activities of daily living. It is believed that poverty is the common underlying factor. Issues related to poverty/economic difficulties of these vulnerable groups are being addressed by the poverty eradication programmes, the use of generic drugs and the Jamaica Drug for the Elderly Programme (JADEP), Restoring Inner-City Society and Economy (RISE), the Jamaica Social Investment Fund (JSIF) and food aid programmes to pregnant and lactating women and to children in the 0-6 year age group attending public sector health facilities. Other strategies to improve the health status of the population include health education and promotion of information on lifestyle related diseases.

Article 13

Primary education

139. The Government of Jamaica provides free education to primary-level students (6-12 years of age). Currently, compulsory education is mandated by law in eight parishes, with full implementation for the remaining six parishes being proposed by the year 2002. In 1997, near universal enrolment was achieved at the primary level. Of the

estimated 312,742 persons in the 6 to 12 years age cohort of the population, enrolment was approximately 98 per cent. This was lower than the 100 per cent universal enrolment observed for both 1993 and 1995.

Secondary education

140. Secondary education, including technical and vocational, is available in seven different types of educational institutions, namely:

All age schools (grades 7-9)
Primary and junior high (grades 7-9)
New secondary
Secondary high
Comprehensive high
Technical high
Agricultural/vocational

141. Enrolment at the secondary level in 1997 was 62 per cent of the estimated 354,396 in that age cohort (12-18 years) of the population. This represented a decline from 75 and 64 per cent respectively, in 1993 and 1995. Accessibility to secondary education in these institutions was based on (a) selection through the annual Common Entrance Examination (CEE), and (b) the "free flow" system where students move on to specific schools after completing primary education. Of the estimated 52,500 students who sat the CEE in 1993, 1995 and 1997, only 25, 28 and 31 per cent respectively were awarded places to secondary high and comprehensive high schools. The students who were not awarded places, moved on to the new secondary schools and grades 7 to 9 of all age schools.

142. Since 1993, however, secondary-level institutions have been undergoing extensive restructuring through the Reform of Secondary Education (ROSE) project which is aimed at improving the quality and equity of educational provisions at the secondary level through the establishment of a common national curriculum for grades 7 to 9. Through this project, a common secondary education is being made accessible to all students within the 12 to 14 age group.

143. The Grade Six Achievement Test, which has now replaced the CEE, enables all children, who pass it, to automatically move on to the secondary level.

144. Education at the secondary level is financed by the Government and parents/guardians through a cost-sharing scheme introduced in 1994/95. Parents and guardians contribute to their children's education through the payment of school fees, which are based on projected operational costs and expenditures of the schools for each academic year. The average school fees charged in secondary institutions ranged from JS 2,457 for new secondary schools to JS 4,661 for Secondary High schools in 1996/97.

Higher education

145. Persons pursuing higher education are enrolled at teachers colleges, the University of Technology, multi-disciplinary community colleges, the University of the West Indies, the G.C. Foster College of Physical Education and Sports and the Edna Manley College of Visual and Performing Arts. More than 50 per cent of the students pursuing higher education in 1993, 1995 and 1997 were enrolled at the University of the West Indies (UWI) and the University of Technology (UTECH) (formerly the College of Arts, Science and Technology). With regard to enrolment in higher education, the proportion within the 19 to 24 years age cohort of the population has remained stable at approximately 9.5 per cent over the past five years. In order to increase accessibility, the Government embarked on a programme of expansion in a number of tertiary institutions. The College of Arts, Science and Technology was upgraded to university status and began operating as the University of Technology on 1 September 1995. New courses of studies have also been developed and are being implemented at several institutions. The Distance Teaching Enterprise Centre (UWIDITE) at the UWI has sites located in Mandeville, Montego Bay, Port Antonio and Sav-la-mar. These have increased the accessibility of higher education to students outside the Kingston Metropolitan Area (KMA).

146. The cost of higher education to both the Government and students is high. Tertiary education received approximately 16 per cent of the total recurrent budget for education in 1993/94; 23.5 per cent in 1995/96; and 15.7 per cent in 1996/97. During the same years, annual per capita student expenditure, derived from enrolment and recurrent budgetary allocation to that sector, increased in certain tertiary institutions. Cost-sharing is a feature at the tertiary level and as such free education is therefore not established at this level and there are currently no plans for its introduction. Students entering the UWI pay 15 per cent of the economic cost of their studies each semester, depending on the courses being pursued. This practice does not exist in other tertiary institutions, which set fees according to their curriculum and the shortfall in their respective budgetary allocations approved by the Ministry of Education and Culture (MOEC). Funds are therefore made available to students by way of loans to assist with the cost of tertiary education.

Adult literacy programme

147. In the light of the achievement of near universal enrolment at the primary level, there has been no need for a concerted effort to establish a system of fundamental education for persons who have not received or completed the whole period of their primary education. However, there exists an adult literacy programme known as the Jamaica Movement for the Advancement of Literacy (JAMAL), which caters for some of these persons.

Table 10. Enrolment in selected public educational institutions by gender, 1994/95 - 1995/96

	1994/95			1995/96		
School type	Male	Female	Total	Male	Female	Total
Primary level (1-6)	155 406	149 832	305 238	152 582	148 349	300 931
All age school (7-11)	25 885	22 247	48 132	25 743	21 570	47 313
Primary and junior high (7-9)	3 271	2 968	6 239	3 827	3402	7 229
Junior high	n.a	n.a	n.a	250	190	440
New secondary	17 110	13 687	30 797	12 022	9 658	21 680
Secondary high	30 357	40 256	70 613	31 199	42 719	73 918
Technical high	6 957	7 242	14 199	7 089	7 581	14 670
Comprehensive high	21 702	23 630	45 332	26 686	29 033	55 719
Vocational/agricultural	965	734	1 699	410	551	410
Community colleges (full time)	1 188	2 061	3 249	1 981	2 973	4 954
Teachers' colleges	800	3 202	4 002	566	2 816	3 382
CASE	219	314	533	237	336	573
University of Technology	3 152	3 222	6 374	3 154	3 616	6 770
UWI (undergraduate programmes)	2 454	4 213	6 667	2 425	4 698	7 123
UWI (higher degrees)	412	777	1 189	461	891	1 352

Source: Economic and Social Survey of Jamaica, 1995, 1996.

n.a. - not available.

148. Budgetary constraints and inequitable distribution of resources have impacted the availability of spaces at the secondary level and the quality of basic education. This has contributed to an illiteracy rate of 13.5 per cent and 31 per cent among the 15-19 age cohort, and primary school leavers, respectively. The Government of Jamaica (GOJ) is committed to the provision of quality education for all primary and secondary school students by the year 2002. These include the ROSE project referred to earlier; alternative education programmes such as high school equivalency; the shift system; the upgrading of new secondary schools; and the acquisition of some private schools.

Literacy

149. In 1975, Jamaica's literacy rate was 59.9 per cent of the population of 15 years and over. This increased by 15.5 percentage points to 75.4 per cent by 1994. Consequently, the illiteracy rate declined over the same period from 40.1 per cent in 1975 to 24.6 per cent in 1994 (see table 11).

Table 11. Jamaica's literacy rate, 1975-1994

Year	Literate	Population 15 years and over	
1975	59.9%	40.1%	1 165 153
1981	75.1%	24.9%	1 334 556
1987	73.4%	26.6%	1 545 890
1994	75.4%	24.6%	1 466 990

Source: Ministry of Education and Culture, Five Year Plan, 1995-2000.

Enrolment

150. Over the past five years, an average 709,255 students were enrolled per annum in the formal education system. Of the total population enrolled in 1995/96 (707,544), 50.6 per cent were females (see table 12).

151. Approximately 96 per cent (680,993) of these students were between 3 and 18 years, and were distributed across the first three levels of the education system.

152. At the early childhood level, in 1995/96, there was an 84 per cent enrolment of students in the age group 3 to 5, net enrolment for females being 84.1 per cent and for males 83.1 per cent. Ninety-three per cent of schools at this level were community operated and received subsidies from the Government of Jamaica. At the primary level the net enrolment rate was 93.7 per cent, with a completion rate of 94.7 per cent. The net enrolment rate at the secondary level (12-18 years) was 63.5 per cent. The first cycle of the secondary level (grades 7-9, 12-14 years age cohort) had an enrolment rate of 81.6 per cent, while the second cycle (grades 10-11, 15-16 years age cohort) had an enrolment rate of 45.6 per cent. The completion rates in the first and second cycles were 95.9 and 86.1 per cent respectively.

153. At the tertiary level, there were 26,551 students enrolled in 18 institutions. Of this number, 67.4 per cent were registered in certificate and diploma programmes, 25.7 per cent in undergraduate programmes, 1.9 per cent in advanced diploma and certificate programmes and 5.0 per cent in higher degree programmes. The net enrolment rate at this level was 9.2 per cent in 1995/96.

Table 12. Student enrolment by educational level, 1994/95-1995/96

Levels	Number of schools	Enrolment 1994/95				Number of schools	Enrolment 1995/96			
		Male	Female	Total	Ratio		Male	Female	Total	Ratio
Early childhood	1 798	66 114	66 723	132 837	1:1.01	1 833	67 655	66 803	134 458	1:1.01*
Primary	918	163 176	157 324	320 500	1:1.04*	919	160 211	155 767	315 978	1:1.03*
Special	11	1 277	794	2 071	1:1.6*	20	1 277	794	2 071	1:1.6*
Secondary	658	109 434	114 087	223 521	1:1.04	654	110 443	118 043	228 486	1:1.07
Tertiary	18	8 503	15 541	24 044	1:1.8	18	9 507	17 044	26 551	1:1.8
Grand Total	3 403	348 504	354 469	702 973	1:1.01	3 444	349 093	358 451	707 544	1:1.03

Source: Jamaica Education Statistics, 1994-1996.

* Ratio of females to males.

Drop-out rates

154. Drop-out rates at the primary level have remained fairly low, ranging from zero per cent among the students at grade 4, to 8.1 per cent for students at grade 5 (see table 13). The low rates are the result of the Government's efforts to provide "free primary education" with subsidized school feeding programmes and free text book schemes. At the secondary level, drop-out rates are fairly low for the first cycle of the system but become fairly high in the second cycle, particularly among grade 12 students (28.7 per cent). The lack of available space at grade 10 contributes to approximately 14,000 students (all-age/junior high schools) annually being unable to have access to secondary education.

Table 13. Drop-out rates at the primary and secondary levels, 1995/96

Primary		Secondary	
Grades	Drop-out rates	Grades	Drop-out rates
1-2	0.4	7-8	3.0
2-3	0.8	8-9	5.7
3-4	1.4	9-10**	-
4-5	0.0	10-11	13.9
5-6	8.1	11-12 **	-
6*	-	12-13	28.7

Source: Jamaica Education Statistics, 1995/96.

* Drop-out rates are not calculated as grade 6 marks the end of primary school.

** Terminal grades for students of junior high/all-age and other secondary schools.

Output

155. At the tertiary level, the island's two universities over the past five years have each produced an average 1,800 graduates annually, with the teachers' college system averaging over 1,300 graduates (see table 14). The output of females from the tertiary system over the period averaged 68.2 per cent for the University of the West Indies, 58.0 per cent for the University of Technology and 83.0 per cent for the Teachers' Colleges. An average 46,286 students graduated annually from the public secondary school system over the past five years. Approximately 30 per cent of the total are graduates of the secondary high school system (see table 15).

Table 14. Output from selected tertiary institutions, by gender, 1994/95-1995/96

Institution	1994/95			1995/96		
	Male	Female	Total	Male	Female	Total
UWI	623	1 210	1 833	560	1 260	1 820
UTECH	774	1 070	1 844	810	1 069	1 879
Teachers' colleges	261	1 302	1 565	271	1 226	1 497

Source: Economic and Social Survey of Jamaica, 1995, 1996.

Table 15. Enrolment in the terminal grades of public secondary schools, by type, 1992/93-1996/97

Year	All-age (G9)	Primary and junior high (G9)[a]	New secondary	Secondary high	Comprehensive high	Technical high	Vocational/ agricultural	Total
1992/93	14 340	n.a.	12 523	14 107	3 063	3 198	73	47 304
1993/94	13 497	1 118	9 073	13 253	5 803	3 223	317	46 284
1994/95	12 420	1 607	6 003	14 018	7 772	3 279	309	45 408
1995/96	12 350	2 209	4 247	14 225	9 691	3 396	100	46 218
1996/97	11 878	2 693	2 557	14 832	10 716	3 394	147	46 217

Source: Planning Division, Ministry of Education and Culture

[a] School type did not exist prior to 1993/94; G9 - Grade 9.

Adult education

156. Established in 1972, the Jamaica Movement for the Advancement of Literacy (JAMAL) has responsibility for the organization and management of the adult education programme, working in partnership with other organizations to improve the literacy, numeracy and life skills of participants. One special activity of JAMAL is the Work Place Literacy Programme, currently operative in 25 factories, which provides literacy classes to over 250 students.

157. An average 11,000 persons have been enrolled in adult literacy programmes run by JAMAL over the past five years. These persons were provided with adult education programmes at the Grade 1-9 level by a corps of approximately 600 teachers. JAMAL also provides literacy training and remedial education for prospective HEART Trust/NTA trainees who have not met the entry requirements for level I programmes. In 1997, approximately, 1,740 persons (794 males) were enrolled in this programme. Adult education programmes are also provided by non-governmental organizations (NGOs) and the private sector. More than 75 NGOs are now engaged in adult education activities. The government agencies involved in adult education are funded through budgetary allocations, while NGOs receive most of their funds through assistance provided by local and international funding agencies. The budgetary allocation to the adult education programme increased from $4.9 million in 1989/90 to $21.7 million in 1995/96. A survey, commissioned by JAMAL, on the impact of illiteracy upon productivity in commerce and industry, showed that 64 per cent of employers indicated that inadequate literacy skills were responsible for workplace accidents, absenteeism and poor work attitudes. In addition, 58 per cent of respondents attributed the need for excessive supervision, extensive rework, slowdowns and wastage to illiteracy, which contributed to low productivity. An evaluation of the programmes indicates a lack of coordination among providers, resulting in duplication of efforts and wastage of resources. There are also concerns relating to inadequate budgetary allocation, inadequate preparation of practitioners, and lack of information on the output of the programmes.

Financing

158. Between 1990/91 and 1996/97, the Government spent an average 11.3 per cent of its total budget on education. For the academic year 1997/98, the Government increased its expenditure on education to 14.9 per cent, due in part to an increase in the salaries of teachers and activities aimed at reforming the primary and secondary levels. The 1997/98 expenditure (approved estimates) within the education sector is distributed as follows: 35.0 per cent at the primary level, 28.0 per cent at the secondary and 15.3 per cent at the tertiary level.

The education system of Jamaica

159. The Jamaican education system has four levels, established by the Education Act of 1980:

I. Early Childhood;

II. Primary;

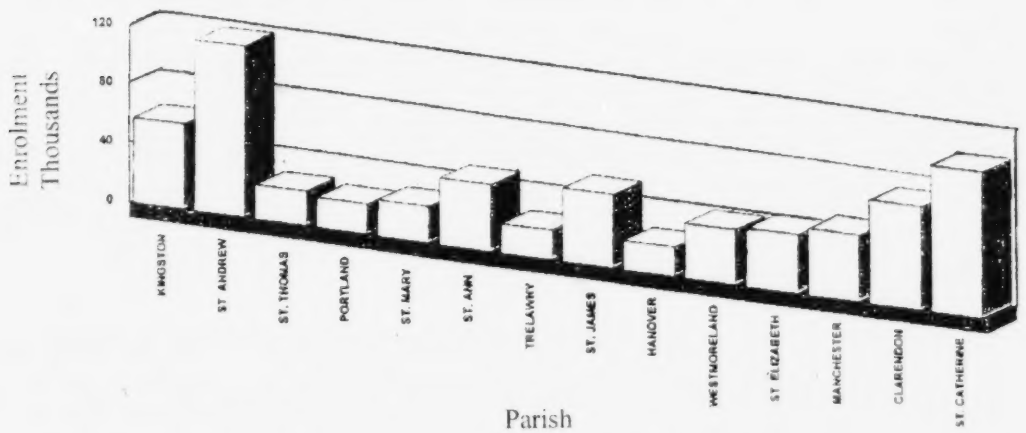
III. Secondary; and

IV. Tertiary.

160. The Government of Jamaica is the main provider of education, with some degree of support from the private sector. Early childhood education is provided for children in the age group 3-5 years in kindergarten, infant school, basic school and infant departments of primary

and all-age schools. Primary education is offered to students aged 6 to 11 years in grades 1 to 6 of primary, all-age, primary and junior high and preparatory school. Secondary education is offered in two cycles. The first cycle of three years, grades 7 to 9; the second grades 10 and 11. Some secondary schools offer a further two years (grades 12 and 13) for advanced level studies. Secondary education in Jamaica is offered in new secondary, secondary high, comprehensive, technical, vocational and agricultural schools. Junior high, all-age and primary and junior high schools offer first cycle secondary (grades 7-9) education only.

Figure 2. Distribution of enrolment by parish, 1995/96



161. Special education provides specialized training for the blind, deaf and hearing impaired, mentally handicapped, multiple handicapped, physically handicapped, learning disabled and gifted, and spans the first three levels of the education system.

162. Tertiary education is offered to persons who have successfully completed secondary education. The main institutions at the tertiary level are community colleges (five), teachers' colleges (six), the College of Agriculture, Science and Education (CASE), the G.C. Foster College of Physical Education and Sports, the Edna Manley College of the Visual and Performing Arts, the University of Technology and the University of the West Indies (see fig. 2).

New schools

163. Under the Government of Jamaica/International Bank for Reconstruction and Development reform of secondary education project, three new junior high schools are to be constructed in rural Jamaica in St. Catherine (Cumberland/Gregory Park Junior High), Portland (Annotto Bay Junior High) and St. James (Glendevon/Farm Heights Junior High). The GOJ/IDB primary education improvement Project (PEIP II) which began in 1993, is responsible for the construction of a new primary school in Old Harbour, St. Catherine.

Vicinity of schools

164. Primary schools in the rural areas of Jamaica are usually located in clusters, with schools in close proximity to each other. It is the recommended policy of the Ministry of Education and Culture that students living in rural areas should attend schools within a three-mile radius from their homes.

School scheduling

165. School is held for 190 days each year, beginning in the first week of September of each year and ending in the first week of July of the following year. Students are instructed for five hours each day, with the exception of shift schools (four and a half hours). The school calendar includes holidays at the end of each of the three terms: Christmas (two weeks), Easter (one week) and Summer (two months). Mid-term breaks of one or two days are also approved for October, February and May of each year.

Equity

166. (a) For the most part there has been equal gender access to all levels of education (including adult education programmes) with the exception of the tertiary level and special education. The ratio of males to females in the Jamaican education system has roughly been 1:1 with the exception of tertiary education, 1:1.8, and special education, 1:1.6 (see table 12).

167. (b) The right to education and literacy, while generally widely enjoyed on a non-discriminatory basis, is not equally accessed by all segments of the Jamaican population. In particular, educational provisions to the children of low-income groups and children in rural areas are below the national levels. Data from the Survey of Living Conditions (SLC) 1996 supports this point in relation to the levels of school enrolment and quality of schools attended. Among the poorest quintile of the age group 3-5 years, 78.0 per cent was enrolled compared to 94.1 per cent among the wealthiest quintile. Similarly among the age group 15-16 years, the poorest quintile had an enrolment rate of 68.2 per cent while the enrolment rate of the wealthiest quintile was 97.4 per cent. The low enrolment rates in the 15-16 age category suggest that the contributions from the Government's welfare programmes at the secondary level might not be enough to address the problem of accessibility of education for the poor in Jamaica. The enrolment rate by area (SLC, 1996), also shows that enrolment among the 3-5 and 17-18 age groupings in the Kingston Metropolitan Area was 91.6 per cent and 43.6 per cent respectively, compared to 81.6 per cent and 27.9 per cent for the same age groupings in rural areas.

168. With regard to quality, this is determined by school type, which is dependent on teachers' qualifications, per capita expenditure, curricula and terminal examinations. The wide variability in school type, especially at the secondary level, with different per capita expenditure, quality of teachers and curricula, produces varying quality of student output. The traditional high schools were at an advantage compared to all-age and new secondary schools. Among the secondary high, comprehensive high, technical high and private preparatory/high schools, a better quality of

teachers, the curricula and a low student-teacher ratio have a positive impact on the quality of student output. According to the Survey of Living Conditions 1996, 20.3 per cent of the poorest quintile were enrolled in secondary high schools, compared to 48.6 per cent among the wealthiest quintile. In contrast, 7.0 per cent of the wealthiest quintile were enrolled in all-age schools, compared to 36.6 per cent of the poorest quintile.

169. (c) Provisions for positive or affirmative actions and anti-discriminatory measures to ensure equity are not required in the Jamaican context. However, financial incentives are provided for needy students. Scholarships, fellowships, bursaries and educational grants are offered by government agencies and institutions to ensure that the opportunity is provided for those who have ability but cannot afford access to education.

170. (d) This is not an area of concern in Jamaica as the language of instruction is English, the official language of the country.

171. 6. In 1995/96 the complement of teachers within the formal education system (early childhood to secondary) was approximately 20,878, with an additional 1,205 lecturers employed full-time at the tertiary level. The early childhood level employed 2.3 per cent, primary level, 44.4 per cent and secondary level, 53.3 per cent. Approximately 79 per cent of Jamaican teachers have received formal training: 68 per cent were college trained and 9 per cent were trained university graduates, the remainder being trained instructors. Females dominate the teaching profession, occupying 78 per cent of positions. The pupil to teacher ratio at the first three levels of the system was 1:26 in 1995/96, that for primary schools was 1:32, which is below the recommended standard of 1:42, while at the secondary level, the ratio was 1:18. At the tertiary level, 20.7 per cent of the lecturers were employed in community colleges, 23.2 per cent in teachers' colleges, 27.6 per cent at the University of Technology and 20.6 per cent at the University of the West Indies. G.C. Foster College of Physical Education and Sports, Moneague Teachers' College and the College of Agriculture, Science and Education accounted for the remaining 7.9 per cent.

172. The salaries of public sector teachers have tended to lag behind their counterparts in the private sector. In 1995, the Government implemented a reclassification of teaching positions within the education system, using similar standards to those applied to civil service occupations with similar responsibilities. The result was a raise in teachers' salaries, with increases of 40 per cent among trained teachers, 49 per cent among principals (Grade A schools) and 70 per cent among trained graduates (see table 16). Despite reclassification, the salaries of college trained teachers are still lagging behind those of some civil servants. The Government has provided welfare benefits for teachers through its agencies, including housing provisions through the National Housing Trust, a school bus system and cottages for teachers based in rural schools.

Table 16. Basic salaries of selected civil servants

Position	Basic salary scales (in $)		
	1995	1996	1997
Trained teacher	118 952-137 582	166 533-198 411	166 533-198 411
Trained graduate	148 487-176 327	240 492-292 702	246 492-292 702
Lecturer	172 148-208 022	271 994-331 240	271 994-331 240
Principal (grade A)	398 574-459 179	589 890-683 840	589 890-683 844
Education officer	551 973-646 505	682 377-799 240	764 262-895 151
Registered nurse (level 9)	465 717-553 592	535 575-636 631	659 828-784 329
Registered nurse (level 1)	102 344-121 655	154 299-183 414	190 096-225 965
Police (superintendent)	313 872-355 117	360 954-408 386	404 268-457 392
Public health inspector	414 848-493 125	477 076-567 094	587 758-698 660

Source: Ministry of Education and Culture, Civil Service Establishment Order, 1995, 1996.

Independent schools

173. In 1996/97, approximately 23 per cent of the educational institutions in Jamaica were independent schools (228). Of this number, 56 per cent were at the early childhood level (kindergarten/preparatory), 27 per cent were secondary high institutions, 14 per cent in business education, while the remainder were vocational and special education schools. In order to be established as an independent school in Jamaica, a school must meet certain requirements mandated by the Registrar of Independent Schools located within the Ministry of Education and Culture. Schools are required to submit a proposal detailing the type, level and programmes to be offered. In order to apply for registration the school must provide evidence of having at least 20 students (6-19 years of age) on its rolls; proof of teachers' qualifications; approval from the Town Planning Board and Fire Department; a flow plan of the building, an outline of the curricula; and fees to be charged. The school is inspected to ensure that these requirements are in place. The Independent School Committee, based on its findings, approves or disapproves the establishment of the school. Provisional registration is provided for the approved school for a period of one year. The school is then monitored by the Ministry of Education and Culture (MOEC), with supporting professional development training and regular visits. The MOEC provides a handbook entitled "Registration and Administration of Independent Schools" for prospective school administrators.

174. There have been no undue difficulties in gaining access to these schools except for the ability of prospective students to pay the school fees, especially in the established preparatory and high schools in which fees are sometimes thrice as much as that of public schools. There is sometimes a long waiting list and parents are required to register years in advance. In a few schools there are discriminatory practices against students of certain religious persuasions, for example Jehovah's Witnesses and Rastafarianism.

175. There have been no changes to national policies, laws and practices with respect to the rights enshrined in article 13.

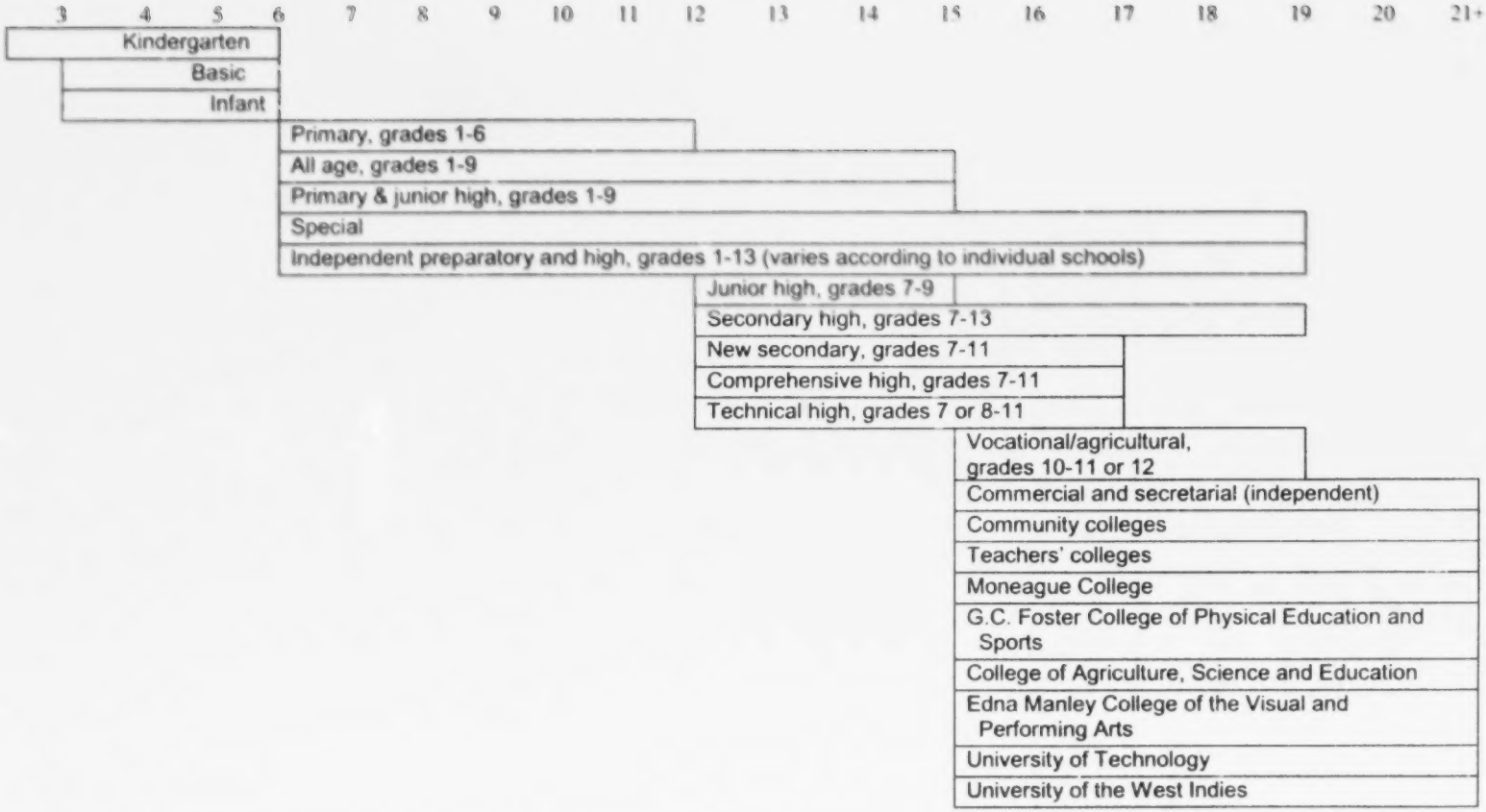
Role of international agencies

176. Ongoing collaboration with leading international donor agencies such as the Inter-American Development Bank, the International Bank for Reconstruction and Development, the United States Agency for International Development, the United Kingdom Overseas Development Assistance and the World Food Programme have provided access to an extensive body of expertise and resources towards improving the education system of Jamaica. The assistance has mainly been in the areas of school building and refurbishing at the primary and secondary level, curricula development, reform of the secondary education programme, staff development, reform of the management system, rationalization of examinations and the provision of welfare activities such as the school feeding programme and the secondary school textbook project.

Article 14

177. As mentioned previously, compulsory primary education is mandated by law in Jamaica. The practice is presently enforced in 8 out of 14 parishes, with a proposal for full implementation in all parishes by the year 2002.

Figure 3. The education system In Jamaica


Age by single year
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21+
Kindergarten
Basic
Infant
Primary, grades 1-6
All age, grades 1-9
Primary & junior high, grades 1-9
Special
Independent preparatory and high, grades 1-13 (varies according to individual schools)
Junior high, grades 7-9
Secondary high, grades 7-13
New secondary, grades 7-11
Comprehensive high, grades 7-11
Technical high, grades 7 or 8-11
Vocational/agricultural, grades 10-11 or 12
Commercial and secretarial (independent)
Community colleges
Teachers' colleges
Moneague College
G.C. Foster College of Physical Education and Sports
College of Agriculture, Science and Education
Edna Manley College of the Visual and Performing Arts
University of Technology
University of the West Indies

Source: Jamaica Education Statistics, Ministry of Education and Culture.

Table 17. Health Institutions by parish, name, type, bed capacity and support services, 1996

PARISH	HOSPITALS			NO. OF HEALTH CENTRES IN PARISH	SUPPORT SERVICES BY PARISH							
	NAME	TYPE	BED CAPACITY		LABORATORY		RADIOGRAPHY		PHARMACEUTICAL		PHYSICAL THERAPY	
					PUB.	PRIV.	PUB.	PRIV.	PUB.	PRIV.	PUB.	PRIV.
St. Catherine	Spanish Town	Public	277	26	1	3	1	2	6	32	1	1
	Linstead	Public	82				1					
Kingston	Kingston Public	Public	431								1	
	Victoria Jubilee	Public	190								1	
	Bellevue	Public	1 600									
	St. Josephs	Private	66									6
	Maxfield Medical	Private	9									
	Bustamante	Public	253									
St. Andrew	National Chest	Public	89	49			6	10	19	144	1	
	Mona Rehabilitation	Public	80								1	
	Hope Institute	Public	45									
	University	Quasi public	423								1	
	Andrews	Private	32									
	Medical Associates	Private	64									
	Norwood	Private	NA									
	Nuttall	Private	64									
St. Thomas	Princess Margaret	Public	90	19	1	1	1	-	2	3	-	-
Portland	Port Antonio	Public	125	21	1	1	1	-	2	4	-	-
St. Mary	Annotto Bay	Public	120	32	1	1	1	-	3	7	-	-
	Port Maria	Public	88				1	-			-	-
St. Ann	St. Ann's Bay	Public	150	27	1	2	1	2	3	14	1	2
Trelawny	Falmouth	Public	105	21	-	-	1	-	3	5	-	-
St. James	Cornwall Regional	Public	170	26	1	3	1	2	3	17	1	
	Doctors	Private	14									
Hanover	Noel Holmes	Public	52	19	-	-	-	-	1	4	-	-
Westmoreland	Sav-la-mar	Public	156	22	1	1	1	-	1	11	-	-
St. Elizabeth	Black River	Public	101	30	1	1	1	-	2	7	-	-
Manchester	Mandeville	Public	164	28	1	3	1	2	3	14	1	1
	Hargreaves	Private	35									
Clarendon	May Pen	Public	70	46	2	2	1	1	1		-	1
	Percy Junor	Public	123				1		1	10	-	
	Lionel Town	Public	60				1		1	1	-	
JAMAICA			5 328	366	11	18	21	19	51	273	9	11

Source: Ministry of Health, Planning and Evaluation Unit, 1996.
NA = Not available.

Notes

[1] Programmes designed for the special target group of street and working children.

[2] Paper entitled "Current labour market trends", presented at the ILO/LMIS Working Group on Labour Market Policy and Information Working, held in Kingston, Jamaica, June 1997.

[3] Committee on Labour Market Reforms, Interim Report, Kingston, Jamaica, March 1996.

[4] Ibid.

[5] The Jamaica Survey of Living Conditions (SLC) monitors the health status of the population through self-reported illness/injury; utilization of health services; cost of health care; and the nutritional and immunization status of children under five years old. Differences in health status and changes are examined by regions (rural areas, Kingston Metropolitan Area and other towns); socio-economic groups, gender, age.

[6] This figure is based on an infant mortality study conducted in six parishes in 1993 by the Ministry of Health in collaboration with UNICEF. A study conducted in 1975 (Serrano et. al.) revealed that at 38.8 per thousand live births, Kingston and St. Andrew had a higher figure than that of the national rate (34.7 per 1,000 live births). The study also indicated that the IMR was higher in rural than urban areas.

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